

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

				JAN Z 0 ZUIS
I. Name of Lobbyist(s)	James Bu	urnett		NEW HAMPSHIRE
II. Name of lobbyist's partn	ership, firm o	r corporation, if	any:	DEPARTMENT OF STA
Sight	_ine Public Affa	airs		
(Name of par	tnership, firm o	r corporation)		
	Concord, NH 0			
Business Address: (Street)		(Town/City)	(Stat	te) (Zip Code)
() <u>603-686-3909</u> (Telephone)	()	e-mail	jamie@sight-line.us
(Telephone)		(Fa	x)	
III. This statement covers: (reportable expense transact				R you may file a separate report for
All reportable transactions	occurring in	the months prior to	the reporting date rela	ative to the following client:
EVER SINJR.C	E ENE	RAM		
	Name of Client a	as it appears on the L	obbyist Registration For	m)
<u>OR</u>				
☐ All reportable transactions unrelated to any particular clic		st (including the lo	bbyist's family), or the	lobbying firm listed below which are
	25, 2018 🗌 date of registra	tion to 3/31/18	July 25, 201 activity from 4/1/18	
	ber 31, 2018 from 7/1/18 to 9		January 30, 2 activity from 10/1/1	
V. There have been no fee If this box is checked, complete Concord, NH 03301.				e since the last report. Office, State House, Room 204,
VI. Check if additional repo	rts are attach	ed:		
☑ If you have received fees			file Addendum A-Fe	es and Expenses
☐ If you have paid an honor Expense Reimbursement	arium or reim	bursed expenses, y	ou must file Addendu	m B- Report of Honorariums or
If you, your firm, or your	family has ma	ide political contri	butions, you must file A	Addendum C- Political Contribution
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m	B, RSA 14-C	and RSA 664 and	hereby swear or affirm	that the foregoing information is true
Jen VIZ	5		1/28/19	
(Signature of lobbyist)				(Date)
James Burnett		_		
(Print Name of lobbyist)	·····			

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses :

Addendum A

(RSA Chapter 15:6)

JAN 2.8, 2019

NEW HAMPSHIRE
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I. Name of Lobbyist(s)	James Burnett		NEW HAMPS DEPARTMENT O	SHIR
		any:		<u> </u>
Sight Line Pub	blic Affairs			· .
(Name of partners	ship, firm or corporation)			
III. Name of Client EVE	wsource	Date 1	/28/19	
				•
to lobbying, including fees for	fees received from the client ident services such as public advocacy, legislation, and related legal wor	government relations, of	or public relations ser	rvices
a) Total of all fees received in t	his reporting period	a) \$	20,000	_
	s calendar year, prior to this reporti of all prior monthly reports for this	ing period b) \$	20,000	_
c) Total of all fees received to	date			
(Add lines a and b)		c).\$	10,000	_ /
d) Indicate the amount of any s	such fees that are due, but have not		. ·	
yet been paid	ran 1946 - En 1911 Dec. (C. 1916) - Audio Gregoria	d) \$	41 / 14	
V. Expenses: Lobbyist(s)/Lobbying partnersh	ins firms or corporations are req	nuired to report all exp	enses made from lob	byin
fees. Separate reports are to be	e filed for expenditures made relati	ive to each client and it	f expenditures are ma	ade by
Expenses are to be reported in	nrelated to any one client a separ one of three categories of expens	ate report may be me ses: (a) the aggregate	total of all expenses	s pai
during the reporting period for	salaries, benefits, support staff, a	nd office expenses; (b) the aggregate total	of al
individual expenses where the	expenditure was of \$25.00 or less 0 or less, purchase of a pen with a	(for example: meals p	urchased during a but that is given to the r	sines
being lobbied purchase of a ce	remonial object given to a person by	being lobbied with a va	alue of \$25.00 or less	3); an
(c) an itemized statement of eac any purpose not covered by (a ceremonial object to be given	th individual expenditure made during (for example: purchase of a me to the subject of lobbying with a	ing this reporting period al with value of greated value greater than \$25	d of greater than \$25. er than \$25, purchase, but not greater than	.00 fc e of n \$50
restaurant expenses for a legis	lative reception). Expenses for h	ionorariums, expense i	eimbursement, or po	HUC

 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

contributions will be reported on separate addendums and should not be reported on Addendum A.

- a)\$ 70,000
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- b) \$ _____
- c) Total of all itemized expenditures reported in detail in section VI.
- c) \$ _____

(Add lines a, b and c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) Total of all expenses year to date Total of all expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting eriod, including by whom paid or to whom charged. Amount: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		u) 4 _	LU	,000		
I. Other Expenses: ovide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting riod, including by whom paid or to whom charged. Amount: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		e) \$	20	.001	, .	ŧ
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s true and complete to the best of my knowledge and belief.	worn Statement Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that th	ne fore	going ir	nformat	tion
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STATE OF NEW HAMPSHIRE Lobbyists Report of

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

JAN 28 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

_	ht Line Public Affairs		
(Name of pa	rmersmp, mm or corporation	n)	
I. Name of Client		* 49.4	Date - 1/28/19.
olitical Contributions		TIT TITLE	The Cours h
	ution that is reportab	le pursuant to RSA Chapte	er 664 paid on behalf of the
ient/lobbyist and lobby			
			· · · · · · · · · · · · · · · · · · ·
			in the second se
ull name of candidate:	Rayman	DAVID	
in name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Caral Hardina	100	Office Candidate is	Scaling SEALATE
mount of contribution \$_	100	Office Candidate is	Seeking <u>JEIJII</u>
tual cost of the in-kind co	ntribution on the line a	bove for amount of contribut	ion. If the actual cost is not known,
tual cost of the in-kind co	ntribution on the line a d the word "estimate."	bove for amount of contribut	ion. If the actual cost is not known,
ctual cost of the in-kind conter an estimated value and	ntribution on the line and the word "estimate." PRES COTT	RUSSELL	ion. If the actual cost is not known,
ctual cost of the in-kind conter an estimated value and	PRES COTT (Last Name)	RUSSELL (First Name)	(Middle Name/Initial)
ctual cost of the in-kind conter an estimated value and	PRES COTT (Last Name)	RUSSELL (First Name)	ion. If the actual cost is not known,
ull name of candidate: mount of contribution \$	PRES COTT (Last Name) ZOO cind contribution, proviontribution on the line a	RUSSELL (First Name) Office Candidate is Side a description of the goods	(Middle Name/Initial)
ctual cost of the in-kind conter an estimated value and utiliname of candidate: mount of contribution \$	PRES COTT (Last Name) ZOO cind contribution, proviontribution on the line a	RUSSELL (First Name) Office Candidate is Side a description of the goods	(Middle Name/Initial) Seeking EXECUTIE COUNTS or services provided, and enter the
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	····································				
(If more than three contributions were made,	report additional	contributions	on separate addendu	m C forms.)	Ţ.
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Sworn Statement/Affirmation by I	Lobbyist		,		
I have read RSA 15, RSA 15-B and is true and complete to the best of m			ir or affirm that th	ne foregoing	informati
is true and complete to the best of m	y knowledge a	nd belief.)
Jan 12	S			1/28/19	**
(Signature of lobbyist)			· · · · · · · · · · · · · · · · · · ·	(Date)	
James Burnett				•	
(Print Name of lobbyist)			्रा ्यर्	•	-;
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